

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MX</i>	<i>1591</i>	<i>12/19</i>
O.I.P.E. CLASSIFIER	<i>MAN</i>	<i>59</i>	<i>12-14-99</i>
FORMALITY REVIEW	<i>JK</i>	<i>71531</i>	<i>1-6-00</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>71531</i>	<i>3-9-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	04/07/2004
2	06/22/2004
3	06/22/2004
4	06/22/2004
5	06/22/2004
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50	06/22/2004

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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